

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2012	
NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00104392.</p> <p>Complaint IN00104392 - Substantiated. State deficiencies related to the allegations are cited at F9999.</p> <p>Survey Date: 3/22/2012</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: N/A</p> <p>Survey Team: Heather Lay, RN</p> <p>Census Bed Type: SNF: 12 NCC: 55 Residential: 74 Total: 141</p> <p>Census Payor Type: Medicare: 9 Other: 132 Total: 141</p> <p>Sample: 03</p> <p>This State finding is cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed 3/25/12 Cathy Emswiler RN						

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F9999	<p>3.1-48 DRUG THERAPY</p> <p>(a) Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: (5) in the presence of adverse consequences that indicate the dose should be reduced or discontinued.</p> <p>This state rule was not met evidenced by:</p> <p>Based on record review and interview, the facility failed to reduce a medication dosage as ordered by a physician related to resident mental status change for a period of 8 days. The deficient practice impacted 1 of 3 residents reviewed for medication errors in a sample of 3. [Resident B].</p> <p>Findings include:</p> <p>On 3/22/12 at 12:00 P.M., Resident B's record was reviewed. Diagnoses included, but were not limited to, depression, Parkinson's disease, chronic constipation, chronic pain syndrome, and fatigue.</p> <p>A "Physician's Orders" dated 12/19/11, no time, included, but was not limited to, "Decrease Lyrica [75 milligrams] to 50</p>		F9999	<p>1. The medication transcription error that occurred on 12/19/11 was addressed when discovered on 12/27/11. The nurse practitioner was notified, with orders to initiate the dosage change the same day, and a medication error report was initiated. Resident B had no adverse affects. 2. There were no other residents affected. 3. In effort to ensure ongoing compliance, a nursing in-service was done on 1/16/12 to review our procedure for daily review and checks for new orders. The night shift nurse is responsible for checking all orders for the last 24 hours to make sure they have been transcribed correctly; as well as pull every chart on the unit to ensure there are no orders on the chart that have not been transcribed. This review for nurses, with signature required, was done in response to the medication error. 4. As a means of ongoing compliance, medication errors are reviewed with the Quality Assurance committee on a quarterly basis. The Quality Assurance nurse tracks, and trends any errors and discusses with the committee quarterly to determine if any additional in-servicing is required. No additional nurse in-services to address the transcription of medications have been necessary since 1/16/12. The</p>		03/30/2012	

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	<p>milligrams by mouth every 8 hours due to mental status [MS] change... Signature of Nurse receiving order... date 12/26/11 at 4:30 P.M...."</p> <p>A "Medication Record" [MAR] dated 12/01/11 through 12/31/11, included, but was not limited to, "Lyrica 75 milligrams take 1 capsule by mouth every 8 hours... Start date: 12/06/11... dates given included 12/08/11 through 12/26/11..."</p> <p>A "Nurse's Notes" dated 12/27/11 at 10:30 A.M., included, but was not limited to, "While doing re - writes [medication order re - writes] noted order written on 12-19-11 per MD [medical doctor] to decrease Lyrica [75 milligrams] to 50 milligrams every 8 hours. Order not placed on medication sheet [MAR]. New order [NO] taken off and placed on MAR... pharmacy notified..."</p> <p>On 3/22/12 at 2:00 P.M., during daily conference, the facility "Medication Error Report" was requested from the Administrator regarding Resident B's medication error with the medication Lyrica.</p> <p>On 3/22/11 at 2:15 P.M., the Administrator provided a document, "Medication Error Report" in regard to Resident B's medication, Lyrica. The</p>				Quality Assurance Committee will continue to review medication errors during quarterly meetings on an on-going basis.		

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	<p>"Medication Error Report" dated 12/27/11, no time, included, but was not limited to, "Description of the medication error that occurred: On 12/19/11 [Resident B's physician] in and wrote order to decrease Lyrica from 75 milligrams to 50 milligrams every 8 hours... Order not taken off and not put on medication sheet [MAR]..."</p> <p>At that time, in an interview, the Administrator indicated the error was addressed. She indicated the facility did not have an individual policy and procedure on medication reconciliation; however, she indicated the night shift charge nurse was responsible for medication order transcription from "Physician Orders" to the "Medication Administration Record" [MAR].</p> <p>On 3/22/12 at 2:35 P.M., in an interview during exit conference, the Administrator indicated the facility discussed the issue of medication errors monthly and requested to provide a copy of the quality assurance tracking and trending of the facility's medication errors.</p> <p>On 3/22/12 at 3:00 P.M., in an interview, the Administrator indicated the facility did not have any record of discussion regarding facility medication errors and did not have any further documentation to</p>						

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	add at that time.  3.1-48(a)						